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1958  
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# California's Health

Vol. 15, No. 22 • Published twice monthly • May 15, 1958

## THE PSYCHIATRIC SERVICE OF CONTRA COSTA COUNTY

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In the summer of 1948 the office of the county superintendent of schools approached Dr. Samuel Susselman of San Francisco regarding the feasibility of establishing a child guidance clinic in Contra Costa County. Several preliminary conferences were held in the fall of 1948 with representatives from the county's school, probation, social welfare and health departments. These early meetings brought out that there were neither sufficient funds nor "community readiness" for such a clinic. Instead, it was decided to try a program of consultation to the workers in these four agencies. Funds for the program came initially from the National Mental Health Act and the first annual budget was \$1,125. Dr. Susselman spent four hours a month with each agency.

Dr. Susselman, who was strongly influenced by the teaching of Dr. Stanley Szurek of the Langley Porter Clinic, brought to his task clearly formulated principles for a community mental health program which still guide the work of the service today. He felt that such a service should change and expand slowly in response to the needs for service. He recognized that there are many individuals in the community who have chronic mental health problems and that these individuals frequently are not accessible to treatment, but that one renders a valuable service to these people if one helps them with the acute emo-

This account of the history and present status of the psychiatric service in Contra Costa County was presented by Dr. Wassermann in July, 1957, before a group of community leaders meeting to discuss the Short-Doyle Act.

In concluding his remarks Dr. Wassermann stated, "We believe that the experience which we have had will be valuable to you in considering expansion of mental health services under the Short-Doyle Act, and that the services which we already have are a basis on which further services can be built. It is evident from my description of the developments which have taken place that the county is far more ready now to make efficient use of a psychiatric clinic than it was when the psychiatric consultation program began nine years ago. You will also appreciate that a psychiatric clinic alone, or a clinic divorced from the consultation program, can never meet the mental health needs of our communities."

tional crises which they may experience from time to time. He realized that for a long time to come there will not be enough psychiatric facilities to take care of all those who express a need for such service. The only practical solution is to train workers who deal with people in trouble — families with school problems and health problems, people who are in trouble with the law, people

with financial difficulties — to intervene more adequately in the emotional crises which attend these social problems.

Dr. Susselman emphasized that the worker must not only enlarge his knowledge and sharpen his skills, but must be mindful of the limitations which are imposed on his competency by his professional training and by his area of responsibility. Where there is strict adherence to the limits of one's professional domain there must also be clearly defined and unobstructed channels of communication with workers in other fields.

As additional psychiatrists became associated with the service, Dr. Susselman insisted that they be indoctrinated in the agency's methods of consultation, become familiar with the structure and functioning of the agencies they would serve, and become acquainted with the personal problems which had been encountered within these agencies. He perceived correctly that many of the difficulties which workers have with their clients occur because the worker's own neurotic conflicts are mobilized by the client's plight. Initially, therefore, Dr. Susselman tried to confront the worker with his own neurotic traits, but he realized very soon that this aroused so much anxiety that it blocked the consultation work more often than it furthered it. Now the worker's involvement with his client is approached more cautiously.

### Co-ordinating Committee Formed

Soon after the inception of this consultation service, the heads of the

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departments which were served formed the mental health co-ordinating committee, which evaluates the progress and sets the policies of the service. During the following few years the county hospital, the junior college, and the civil service department joined the consultation program. As grants from the National Mental Health Act expired, the agencies themselves assumed financial responsibility for the psychiatric program. More recently the consultants have been paid out of the consultant fund of the county hospital.

In July, 1952, with the addition of a second psychiatrist, consultation time was increased from five hours a week to 21 hours a week. At this time direct service to patients was added. The new psychiatrist examined many of the patients on the observation ward and was available for consultation regarding patients on other wards of the hospital. The physicians who serve a residency in general practice at the county hospital were given the opportunity to participate in psychiatric seminars.

Just as Dr. Susselman provided the guiding principles for our psychiatric service, so Mrs. Maxine Johnson, head nurse of the psychiatric ward of the county hospital, has endowed it with a unique personality. For many years she has been keenly interested in the affairs of the county. She has known the officials of county government, the labor leaders and many other influential citizens, and because of her sensitivity to their feelings and her forthright attitude, she is truly on speaking terms with all these people. She sets the pace in the easy communication between agency workers and the psychiatric service, and in the honest discussion of unpleasant incidents which keeps the way clear for fruitful co-operation. Similarly she is responsible for the relaxed atmosphere of our psychiatric ward. Perhaps I should not single Mrs. Johnson out, for others have also contributed in similar ways, but I do wish to make the point that much that is of value in our psychiatric service cannot be duplicated by following blueprints and job descriptions, but is rooted in the history of our community and in the people involved.

#### Outpatient Clinic

In 1954 we began to see outpatients. Since 1955 one of the two physicians who sits with the superior court judges at the hearings regarding commitment of mentally ill persons has been a psychiatrist. In 1956 a psychiatric clinic was established at the Richmond Health Center. This year (1957) the psychiatric time at the Richmond Health Center is being expanded from four to eight hours a week. These additional four hours are intended for use by agencies who then use the health center for their referrals. Since July 1, 1957, there has been a psychiatrist in attendance on the observation ward on a half-time basis.

We have tried several ideas which are worth mentioning because they illustrate our philosophy.

The first of these never got very far out of the talking stage but is probably worth pursuing further; it is a comprehensive approach to the "hard core cases," namely families which are chronic medical, social, school and police problems. In one case we put the entire family into the hospital at once to do a thorough medical workup on each member. We were then going to call all the workers who were involved with this family together for a conference, but as I recall it we were too discouraged with the medical picture to do this fully. Our intimate knowledge of this family's problems did help in subsequent discussions with various agencies individually.

About two years ago public health nurses began to accept selected patients who were being discharged from the psychiatric observation ward for followup, usually in weekly visits. The nurses, under the guidance of their supervisors and in consultation with the county health department's mental health consultant and occasionally with the referring psychiatrist, have been able to help some of these patients quite significantly. In addition to this the public health nurses have become more familiar with emotional problems through such concentrated efforts with a few patients.

Another useful device which we have worked out with the judges is that of putting many alcoholics "on probation" instead of dismissing their

petitions for commitment. We continue these petitions and have the alcoholic patient report to the court at intervals, usually once a month. During this interval patients frequently make one or two outpatient visits or make telephone reports to the head nurse of the psychiatric service. It is our impression that this has helped many of them to remain sober or to moderate their drinking to manageable proportions.

#### Organization of the Psychiatric Service

The county agencies which are now participating in the psychiatric service are the county hospital including the Richmond Health Center, the health department, the school department, the probation department, the social welfare department, the civil service, and the east and west campuses of Contra Costa County Junior College. Representatives from these departments, in most instances including the head of the agency, and the county administrator and the chairman of the psychiatric service comprise the mental health co-ordinating committee which meets once a month. At present nine psychiatrists, all but one of the psychiatrists practicing in the county, are associated with the program. They spend a total of 68 hours a week and are paid on an hourly basis on the same pay scale as other medical consultants to the county hospital. They work according to an appointment schedule which is arranged from year to year.

The psychiatrists hold an administrative staff meeting once a month. One of them serves as chief of the service for one year. Of the 68 hours per week which the psychiatrists collectively devote to the service, about half is spent in direct service to patients, either on the observation ward or for outpatients in Martinez and Richmond. The other half is apportioned to work with the county agencies. Public health, probation and social welfare each use about 10 hours a month, the west campus of the junior college uses four hours, the east campus two hours, and civil service one hour.

On the observation ward our aim is to spend sufficient time with each patient and his relatives to enable us to arrive at recommendations for his further care, such as admission to a

state hospital, brief hospital stay at the county hospital, appropriate mental hygiene measures within the family, or referral to other community resources. Frequently we keep patients on our ward beyond the minimum observation period.

Our *outpatient service* is intended to be primarily a diagnostic service and an extension of our consultation with the agency workers. Many of the patients are sent by referral from other hospital clinics. The remainder are referred by workers in the agencies when they believe that they have exhausted their own resources. In these cases we confer with the worker by phone or in person before and after we see the patient. This is done in the expectation that in many instances the worker himself will be able to continue helping the patient with his problems. It is to the credit of the referring workers that often the psychiatrist has little to offer beyond what has already been done.

At present it is our practice to see any patient once without regard to financial status and to require clearance by medical social service for further visits. The greatest demand for expansion of services is in the outpatient clinic.

#### Agency Consultation

Consultation work with the agencies takes various forms. The earliest conferences were with a group of workers and their supervisor and included a case presentation by one of the workers. Some groups tend to discuss in a more comprehensive way types of problems which recur frequently, or talk about administrative issues which they have not been able to resolve. In a few instances the psychiatrist has personally interviewed the client and has then participated in a group discussion about him. From time to time groups have requested informal lectures by the psychiatrist.

More and more frequently workers have availed themselves of individual consultation with the psychiatrist. Sometimes these conferences include the worker's supervisor.

Perhaps the most fruitful conferences have been those concerned with a client or a whole family with workers from several interested agencies participating; such a conference brings together a wealth of informa-

tion and experience. It results in a better understanding of the client on the part of all participants, in better co-ordinated and simplified action, and it furthers everyone's appreciation of the function and competence of the workers in the other agencies.

There is also consultation with supervisors individually and in groups, and with department heads, in which the psychiatrist assists in clarifying administrative problems. He can be of help here because of his experience with the ways in which personal ambitions, insecurities, jealousies, and so forth interfere with rational appraisal of a situation, and because he may have insight into the function of other departments which are involved in the administrative problem under discussion. Finally, the psychiatrist may act as adviser regarding psychiatric problems which arise among the personnel of a department.

#### Results

The joint efforts of the agencies and the consulting psychiatrist which I have described have, over the years, had beneficial results and in turn have led to changes in the character of the consultation.

There is improved co-ordination of community resources for people in trouble. Workers recognize emotional problems in their clients more readily and have more understanding of them and more skill in handling them. They are also more aware of the limits within which they can help a client with his emotional troubles. Despite the fact that we now rarely make a special point of discussing this, it is quite noticeable that workers remember to look at themselves when they reach an impasse with a client. Workers are becoming more secure and self-reliant in handling their clients' emotional crises. Referrals to the psychiatric clinic are made with greater clarity and with greater awareness of the psychiatrist's limitations. It appears that new workers are carried along in these attitudes and skills even though they may have little personal contact with the psychiatrist.

The trend in our agency consultation has been away from administrative problems and toward case discussions; away from large groups and toward

conferences of one worker with the psychiatrist; toward didactic sessions when a larger group meets. Contrary to the general trend, there are several small groups of workers who function as a unit in their daily work and who have very similar professional backgrounds which have continued as successful psychiatric consultation groups. The proportion of time given to direct work with patients has steadily increased. There has been less need for consultation with administrators.

This year, with a greater number of psychiatrists participating in the consultation service, each agency will be served by its own psychiatrist instead of having several psychiatrists meet with different sections within the agency. It is anticipated that these assignments will be rotated each year so that each psychiatrist becomes familiar with all agencies. We are also planning to give consultation service to one of the high schools in the Mount Diablo Unified School District as a pilot project.

#### Summer Session Courses In Audiometry Set

School and school health personnel interested in meeting the training requirements for the certificate of registration as school audiometrist, issued by the California State Board of Public Health, may do so by successfully completing any one of the following courses.

College	Course No.	Credits
Sacramento State College	Speech 118	3
San Francisco State College	Education S163.2	3
Whittier College	Speech 151	3
Los Angeles State College	Education 196A	3
Long Beach State College	Speech 163	3
University of California at Los Angeles	Speech 145	2
University of Southern California	Speech 476	2

The courses are scheduled from June 23 through August 1, 1958.

Several of the schools are planning to offer other courses in speech and hearing which should be of interest to those who wish to enhance their background in this area of special education. For specific details, contact the school offering the courses.



## Experience of Department in Radioactive Fallout Episodes Reviewed

The radioactive fallout episode which occurred in late March and continued well into April pointed up the need for a co-ordinated state program of surveillance of radioactivity in air, water, and food, as well as a co-ordinated plan for the release of information to the public. Such a co-ordinated program is under development by this department in co-operation with the California Conference of Local Health Officers and other agencies.

For approximately two years the California State Department of Public Health has maintained continuous monitoring of air at Berkeley and Los Angeles as a part of the network program of the United States Public Health Service in co-operation with the Atomic Energy Commission. The safe level of total unidentified beta and gamma activity in air as set forth in the regulations of the Atomic Energy Commission is  $1 \times 10^{-9}$   $\mu\text{c}/\text{ml}$  (microcurie per milliliter, a microcurie is one-millionth of a curie). Normal levels of activities which have been found at Berkeley and Los Angeles have approximated 1/1,000 of this level.

On March 21st at both Berkeley and Los Angeles, the level of radioactivity increased to 5/1,000 of the A.E.C. standard, or 0.5 of one percent.

On March 24th, a level 43/1,000 or 4.3 percent of the A.E.C. standard was encountered in Los Angeles. A peak level in Berkeley occurred March 29th at 24/1,000 or 2.4 percent of the standard. Air at Berkeley approached the normal on April 15th, and approximately a week later in Los Angeles.

### Rain

No recommended safe level of radioactivity in rain has been established. In the absence of such standards it was decided that the use of drinking water standards could be most appropriately utilized for purposes of description.

For drinking water the level of total unidentified activity for continuous ingestion has been set by the A.E.C. standards at  $1 \times 10^{-7}$   $\mu\text{c}/\text{ml}$ . Following the appearance of high levels of radioactivity in the air on

March 21st a number of samples of rainfall were collected in various parts of the State.

In Berkeley the level of total unidentified radioactivity on March 21st was 63 times the drinking water standards; it jumped to 208 times on March 22d; dropped to 165 times on March 28th, and was down to 32 times the standard on April 7th.

In Los Angeles much less frequent rainfall occurred, and much lower levels were encountered. On March 21st the radioactivity in rainfall was only one-tenth of the drinking water standards. It increased to 16 times on March 27th and by April 1st had dropped to two times.

In other parts of the State the following values were noted:

Fresno	March 31	39 times
Modesto	April 3	26 times
Redding	March 26	16 times
Santa Rosa	March 21	22 times
Camp Pardee	April 2	6 times
(Tuolumne County)		

As has repeatedly been pointed out by the department, even the seemingly high increases still embody a wide margin of safety. This is total radiation. The critical factor is radiation due to strontium 90. The percent of total radiation due to strontium 90 in the initial fallout and rainout could not be estimated until decay rate was determined and could not be definitely known until actual analyses were completed. It now appears that somewhat less than 0.1 percent of the total radiation was due to strontium. The safe level for lifetime ingestion for strontium 90 in drinking water as set by the A.E.C. is  $8 \times 10^{-8}$   $\mu\text{c}/\text{ml}$ . On this basis of calculation even the highest level encountered in rain reached only one-fourth of the drinking water standards set for lifetime consumption. Add to this the dilution, precipitation and other factors, and the safety margin becomes substantial.

The normal values for rainfall during the past few years in California has approximated the drinking water standards.

### Snow

A number of snow samples were collected at the higher elevations in the latter part of March and early

April. These are reported on a liquid basis in reference to the drinking water standards referred to in connection with rain.

The normal values for snow in California during the past few years have approximated two times the drinking water standards. During this episode values ranged from customary level to 51 times the standard. Here, of course, the same added safety factors noted above apply.

### Domestic Reservoirs

Obviously the greatest interest in water pertains to water used for domestic purposes. A number of samples were collected during and shortly after the fallout incident. Two reservoirs from which water samples were collected from the surface immediately after the heavy rain showed values for total radiation up to four times the drinking water standards. However, again in terms of the significant factor, namely strontium 90, these values are less than 0.4 of 1 percent of the standard. Tapwater values were much lower.

### Streams

For a number of years, measurements of radioactivity have been made semiannually at 75 sampling stations on surface streams in California. These samples have shown a normal level of radioactivity in surface streams approximately one-tenth the drinking water standards for unidentified radioactivity.

Following the detectable high values, a number of the streams used for domestic water sources were sampled; a few of them showed levels barely above the drinking water standards for continuous ingestion, among them Santa Paula Creek which on March 21st had a level of activity 1.7 times the standard.

### Vegetables

Shortly after the detection of the unusual level of radioactivity in rain, the University of California Radiation Laboratory offered to measure radioactivity in leafy vegetables.

At our request the Department of Agriculture and the county agricultural commissioners collected samples

of chard, cauliflower, spinach, lettuce, mustard, endive, artichoke, broccoli, and collard greens from the north coastal, San Joaquin, and Sacramento valleys.

The recognized safe level for total unidentified radioactivity in food is similar to that for drinking water, namely  $1 \times 10^{-7}$   $\mu\text{c/gm}$  (gram). Measurements of total activities in the samples of vegetable computed on the basis of the total edible portion showed levels of 1,000 to 2,000 times the standard for unidentified radioactivity.

On the basis of the known age of the fission products, the university advised us that the radioactivity due to strontium 90, the radioactive isotope of public health concern, in this case would be less than five-hundredths of 1 percent of the total radioactivity measured.

The standard for strontium 90 allowed in food is substantially the same as for total unidentified radioactivity, namely  $8 \times 10^{-8}$   $\mu\text{c/gm}$ . Applying this factor to the results of measurements of total activity brought the levels to below the standard.

In summary then, it may be said that the levels of radioactivity in air, water and food underwent a manyfold increase for a short period of time, but at no time were any of these at a level that would be unsafe for continuous human consumption.

EDITOR'S NOTE: Excerpted from remarks made by Malcolm H. Merrill, M.D., State Director of Public Health, before the California Conference of Local Health Officers, May 1st-2d, in Los Angeles. All figures in article are preliminary and subject to change after final analysis.

### DON'T JUST SIT THERE

Sitting in front of TV for prolonged periods of time may produce serious circulation troubles in the legs, including blockage by blood clots, cautions Dr. Meyer Naide of Philadelphia, writing in the *Journal of the American Medical Association*.

Almost 11,000,000 people in the United States are affected with arthritis and rheumatic diseases. *Weekly Health Bulletin*, March 31, 1958.

### World Health Assembly Meets in USA This Year

Minneapolis, Minnesota, is the site of the eleventh annual meeting of the World Health Assembly of WHO, May 26 to June 14, 1958. This is the first time the World Health Assembly has met in the United States. The annual meetings are usually held in Geneva, Switzerland, the only exceptions being the 1949 meeting in Rome and the 1955 meeting in Mexico City. Because this assembly marks the anniversary of the first 10 years of the WHO's work, the first two days, May 26th and 27th, will be devoted to a tenth anniversary celebration.

The creation of WHO in 1948 was the culmination of a long series of efforts to prevent the spread of disease from one continent to another and to achieve international co-operation for better health throughout the world. In 1903 in Paris a convention was drawn up which consolidated earlier agreements and set up the first effective and comprehensive international pattern for foreign quarantine. In 1907 the International Office of Public Health was established in Paris.

The first major step toward international co-operation in the field of health came in 1920 when the League of Nations first created an Epidemic Commission, and subsequently, a health organization that concerned itself not only with major diseases but also with studies of nutrition, housing, and the standardization of therapeutic substances.

When the charter of the United Nations was drawn up in San Francisco in 1945, Brazil proposed that health be included in the United Nations' charter as one of the essential factors for international peace and stability. An international health conference held the following year in New York drew up a constitution for the new organization. It was ratified by the required number, 26, of member nations on April 7, 1948. The permanent organization was established the following September.

Membership in WHO is open to all nations. Today, the organization consists of 85 member nations and three territories that are associate members.

Financed by its member governments, WHO's budget in 1956 was

### Dorothy Nyswander Lecture Slated for May 23d

Gordon W. Allport, Ph.D., will deliver the second Dorothy Nyswander Lecture entitled "Perception and Public Health," at 8 p.m. Friday, May 23d, in Earl Warren Hall, School of Public Health, University of California.

Dr. Allport is professor of psychology in the Department of Social Relations of Harvard University and chairman of that department's committee on higher degrees. He is past president of the American Psychological Association, Eastern Psychological Association, and Society for the Psychological Study of Social Issues. He is a former editor of the *Journal of Abnormal and Social Psychology*.

In 1956 he served as visiting overseas consultant to the Institute of Social Research, University of Natal, South Africa. He is currently serving as a director of the National Opinion Research Center.

The Dorothy Nyswander Lecture was established last year to honor Professor Nyswander for her long and distinguished career in public health education. Friends, colleagues and former students joined together to set up this lectureship as a tribute to Dr. Nyswander at the time of her retirement from the faculty of the School of Public Health, University of California. Dr. Nyswander has since been on a foreign educational project in South America, primarily consultation to the schools of public health in Brazil and Chile, and returned to this country earlier this month.

\$10,200,000. Under the United Nations Technical Assistance program, an additional \$5,400,000 was made available to the WHO. The United States share in the regular budget was \$3,400,000.

WHO is organized on a regional basis with six regional offices. The regional office for the Americas is in the Pan American Sanitary Bureau, Washington, D. C. The other five regions are: Africa, South East Asia, Europe, Eastern Mediterranean, and Western Pacific.

## Health Education Workshops Scheduled Throughout State

Workshops in health education will be held in San Diego, Ventura, Los Angeles and San Jose this summer. In addition, workshops in family life education, nutrition, and safety education have been arranged in Fresno, Los Angeles and San Francisco respectively.

Workshop information, as it is now available, is summarized below. For detailed information, inquiries should be directed to the college concerned.

### VENTURA COLLEGE

August 4th-15th. The theme of the workshop is "Vitalizing the School Health Program." Two units of residence upper division credit from Los Angeles State College, San Fernando Valley Campus. Graduate credit available upon arrangement with workshop director. The fee is \$19. Additional information may be obtained from Lloyd Emmert, Chairman, Workshop Planning Committee, P. O. Box 636, Fillmore.

### SAN DIEGO STATE COLLEGE

August 11th-22d. Two units of graduate or upper division credit are available for this course, whose theme is "Let's Face It—A Look at Ourselves; A Look at Our Children." The fee is about \$20. For further information contact Dr. Angela Kitzinger, Associate Professor, Health Education, San Diego State College, San Diego 15.

### SAN JOSE STATE COLLEGE

June 23d-August 1st. "Health in Action" is the theme of this six-week course, with six units of graduate credit given. The fee is \$59. For details write Dr. Charlotte Wilcox, Department of Health and Hygiene, San Jose State College, San Jose.

### UNIVERSITY OF CALIFORNIA AT LOS ANGELES

June 23d-July 18th. "Making Health Education Effective" is the theme of this workshop. The workshop carries four units of graduate credit. The fee is \$66 for the workshop and six-week summer session; \$86 for the workshop and eight-week summer session. Tuition scholarships are available; the deadline for applying is May

23d. Applications and further information may be obtained from Dr. Edward B. Johns, Health Education Unit, Department of Physical Education, University of California, Los Angeles 24.

### Family Life Education Workshop

Fresno State College has scheduled a workshop on family life education for June 16th-27th and on alcohol and narcotics for August 11th-22d. Both carry two units of credit with a fee of \$19. Contact Dr. Henry Fricker, Chairman, Department of Health Education, Fresno State College, Fresno 26.

### Nutrition Workshop

Immaculate Heart College will hold a nutrition workshop for elementary teachers, July 7th-12th. There is a \$25 fee. Two units of credit will be given. Contact Immaculate Heart College, 202 North Western Avenue, Los Angeles.

### Safety Education Workshop

San Francisco State College will be the site of a workshop on materials and methods in safety education, June 16th-20th. One unit of credit will be given. The fee is \$9.50. For details write Richard Boyle, Department of Health and Safety Education, San Francisco State College, 1600 Holloway Avenue, San Francisco.

## Six Morbidity Reporting Institutes Set for June

A series of one-day regional institutes on morbidity reporting will be held during June for state and local health department personnel. The purpose of the meetings will be to discuss the recently revised morbidity reporting system which becomes effective July 1, 1958.

Under the revision, local health departments will no longer send individual case reports, with the exception of tuberculosis and epilepsy, to the California State Department of Public Health, but only a weekly summarization of reportable diseases occurring in their jurisdiction. The new reporting system will not affect established relationships between local health departments and private physicians. The new system should enable both local health departments and

## UC Announces Availability Of Training Stipends

Training stipends in a number of special categories are available from the School of Public Health, University of California. Inquiries concerning specific traineeships should be directed to the faculty member listed for each category.

Applications for these awards should be addressed to the Dean of the School of Public Health, University of California, Berkeley 4.

The various traineeships are briefly described below:

**Maternal and Child Health:** Two traineeships are available to physicians. Write Dr. Jessie M. Bierman, Professor of Maternal and Child Health.

**Public Health Nursing Administration:** A limited number of traineeships are available for qualified nurses seeking advanced preparation for administration, supervision, and teaching positions in all fields of nursing. Write Dr. Vera Fry, Professor of Public Health Nursing Administration.

**Biostatistics:** Several traineeships and a number of grants-in-aid are available to graduate students working for an M.P.H., M.A., or Ph.D. degree in biostatistics. A few grants-in-aid for undergraduates are also available. Write Dr. Jacob Yerushalmy, Professor of Biostatistics.

**Public Health Nutrition:** Two fellowships are available. Write Dr. Ruth Huenemann, Professor of Public Health Nutrition.

**Epidemiology:** A number of traineeships are available to graduate students working for the M.P.H., D.P.H., or Ph.D. degree in epidemiology. A few grants-in-aid are available to students for summertime field training projects. Write William C. Reeves, Professor of Epidemiology.

**Air Pollution:** A limited number of traineeships are available to qualified scientists and engineers to receive advanced preparation in air pollution control. Write Dr. Bernard Tebbens, Professor of Industrial Hygiene Engineering.

this department to increase the effectiveness of their surveillance programs.

The dates and locations for the meetings are as follows:

- June 16—Kern County Health Department.
- June 17—Sacramento County Health Department.
- June 18—Long Beach City Health Department.
- June 18—State Department of Public Health.
- June 19—San Bernardino County Health Department.
- June 20—Monterey County Health Department.



## Advisory Committee Approves Additional Special Projects

Nine special project applications for general health funds and maternal and child health funds were approved by the Local Health Projects Advisory Committee meeting in Berkeley last month. In other action, the committee passed a motion to give greater emphasis in the future, to the degree of participation of local health departments in project proposals and to the extent to which the project serves the public health needs in the community.

The committee also agreed that worthy projects should be approved, beyond the amount of money available in the program, to take care of the contingency of dropouts.

Two meetings are scheduled for the coming fiscal year. Deadlines for submitting applications for consideration at these meetings are September 1, 1958, and January 1, 1959.

Five projects in maternal and child health were approved, three in chronic disease and one in adult health. A brief description of the approved projects follows:

### Maternal and Child Health

**Yolo County:** Demonstration of effectiveness of a social health service in a local health department.

**Los Angeles County:** Comparison of infection rates, specifically staphylococcus, in the premature nurseries before and after the installation of forced air ventilation, including both bacteriological and clinical studies.

**Contra Costa County:** Determination of the effectiveness of home visiting by nurses and sanitarians and safety discussion techniques in reducing home accidents.

**Butte County:** Identification of possible causal factors underlying the failure of bright children to attain satisfactory scholastic standing.

**Shasta County:** Testing the accuracy of information obtained from questionnaires completed by parents on the immunization status of their children.

### Chronic Disease

**Los Angeles City:** Determination of the present status of the sample population upon which various types of heart disease studies were made since 1949 in relation to nature of job and other biosocial characteristics.

**Los Angeles County:** Investigation of the effect of improved management on food service, nutrient content of the diet, and acceptability of food to residents of small boarding homes and nursing homes.

## Public Health Positions

### Los Angeles City

**Epidemiologist:** Salary range, \$889 to \$992, depending on qualifications of applicant. Directs epidemiology phases of a public health program, including liaison with a communicable disease hospital.

**Sanitarian:** Salary range, \$417 to \$516.

**Public Health Nurse:** Salary range, \$417 to \$516.

**Medical Social Worker:** Salary range, \$417 to \$516.

**Physician—Public Health Residency:** Beginning salary, \$775. Assignments in most areas of public health, especially local health services and epidemiology.

**Assistant Health Officer:** Salary open, subject to qualifications of applicant. Directs programs in adult health, pre-employment medicals, and alcohol rehabilitation. Administrative experience and M.P.H. degree desired.

California license or registration and United States citizenship are required for these positions. Write to George M. Uhl, M.D., Health Officer, Los Angeles City Health Department, 111 East First Street, Los Angeles 12.

### Napa County

**Sanitarian:** Salary range, \$358 to \$436; starting salary dependent on experience and qualifications. Automobile necessary, mileage paid. Must have California registration or be qualified for same. Apply Napa County Department of Public Health, P. O. Box 749, Napa.

### Placer County

**Public Health Microbiologist:** Salary open. Requires California public health microbiologist license. At least one year's experience in public health laboratory preferred.

**Public Health Nurse:** Salary open. Requires public health nursing certificate.

**Sanitarian:** Salary open. Must be registered in California. Write Richard F. White, M.D., Director of Public Health, 360 Elm Street, Auburn.

### San Mateo County

**Director, Public Health Nursing Service:** Salary range, \$581 to \$725. Requires P.H.N. and M.P.H. degree with five years of experience, two years of which must have been in a supervisory capacity. Write Civil Service Commission, County of San Mateo, Redwood City.

**Los Angeles City:** Development and evaluation of an educational program for institutional operators and staff to improve care and services in institutions for the aged and chronically ill.

### Adult Health

**San Francisco City:** Examination of occupational health needs and services in San Francisco with the aim of co-ordinating, improving, and supplementing the available resources.

## May 31st Deadline for Filing

Applications for assistance from state and federal funds under the hospital construction program must be filed with the California State Department of Public Health prior to May 31, 1958, in order to qualify for consideration in the allocation of funds for the Fiscal Year July 1, 1958-1959.

Policies and priorities sequence for the various categories were established following public hearing before the Advisory Hospital Council, April 3d in Los Angeles.

Public hearings for consideration of individual applications will be held July 1-2, 1958, in the auditorium of the San Francisco Health Department, 101 Grove Street, San Francisco.

The following categories are eligible for assistance under the program: general hospitals, mental hospitals, tuberculosis hospitals, chronic disease hospitals, nursing homes, diagnostic and treatment centers, rehabilitation centers, and public health centers.

Applications and assistance in filing may be obtained from the Bureau of Hospitals, California State Department of Public Health, 2151 Berkeley Way, Berkeley 4.

## Seven Percent of Hospitalizations Are Result of Accidents

Accidents account for about 7 percent of all cases treated in American hospitals, according to a recent survey by the American Medical Association.

The retrospective study was based on information about patients discharged from 6,000 general and special hospitals during November, 1955. Tuberculosis and mental hospitals were excluded from the study.

The 128,000 patients hospitalized because of accidents comprised 6.9 percent of all patients discharged during the month. The average hospital stay for accident patients was 10.7 days as compared to 9.1 days for nonaccident patients. The accident cases required the use of 50,500 beds, or 6.7 percent of total beds available. Accident patients spent a total of 1,370,000 days in the hospital, or 8.1 percent of the total days spent by all patients discharged during the month.

## Dr. Smith Appointed To National Council

Charles E. Smith, M.D., President of the State Board of Health and Dean of the School of Public Health, University of California, has been appointed a member of the National Advisory Allergy and Infectious Diseases Council. The appointment is for a four-year period.

Members of the council are chosen from leaders in the fundamental sciences, medical sciences, education and public affairs. As a member of the council, Dr. Smith will act in an advisory capacity to the Surgeon General of the U. S. Public Health Service.

## San Diego Smog Problem Similar to Los Angeles'

Meteorological conditions which influence air pollution over the western portion of San Diego County are quite similar to those in Los Angeles, according to a study of five-year wind and inversion information.

According to the study, performed jointly by the San Diego County Air Pollution Control District and the California State Department of Public Health, low inversions and light winds occur frequently and are conducive to smog formation.

The influence of land and sea breezes in the coastal area of the county was also similar to those in the Los Angeles Basin.

Wind observations at eight stations and inversion information at one site

were summarized over the five-year period. The temperature and elevation of inland stations were also studied to determine the change that might be expected in the inversion with increased distance from the coast.

The report also recommends further meteorological studies by the control district. The report illustrates the role of this department in assisting local agencies in the understanding of factors of importance to air pollution and in developing local air pollution control programs.

## Polio Remarkably Low in 1957; Most Cases in Unvaccinated

The 1957 polio disease year—April, 1957-March, 1958—was remarkable for the low incidence of the disease, not only in California, but in the United States as a whole.

Only 614 cases were reported in the State as compared with 1,844 in 1956 and 2,200 in 1955. An even greater reduction is noted in comparison with the median 3,392 cases for the pre-vaccine period 1950-54.

Paralytic incidence showed an even more striking decline from past years, with only 260 cases, 42 percent of the total, reported during the 1957-58 season. This total is the lowest since paralytic status was recorded separately 10 years ago.

Although not as significant as the reduction in paralytic polio, the 1957 disease year was also extremely low for the nonparalytic form of the

disease. Only 354 cases were reported as nonparalytic this past year. However, it is probable that even many of these cases were not actually polio virus infections, but were caused by other viral agents. The Viral and Rickettsial Disease Laboratory has succeeded in isolating Coxsackie and other nonpolio viruses from many of these cases.

Of the 260 paralytic cases reported during the 1957-58 disease year, 78 percent were in unvaccinated persons.

GOODWIN J. KNIGHT, Governor  
MALCOLM H. MERRILL, M.D., M.P.H.  
State Director of Public Health

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Entered as second-class matter Jan. 25, 1949,  
at the Post Office at Berkeley, California,  
under the Act of Aug. 24, 1912. Acceptance  
for mailing at the special rate approved for  
in Section 1103, Act of Oct. 3, 1917.

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